## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Vote!	
	C C00473918
Check if 24-hour report	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mundy Katowitz Media	03 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1322 G St SE	Amount
City State Zip Code	409912.38
Washington DC 20003-3021	Transaction ID : VN7A7A0W2H4 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy TV  Category/ Type  004	02 11 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
DONNA EDWARDS Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For:
Full Name of Payee  Mundy Katowitz Media	Date of Public Distribution/Dissemination
Mailing Address 1322 G St SE	03 01 2016
1022 0 0.02	Amount
City State Zip Code	25000.00
Washington DC 20003-3021	Transaction ID : VN7A7A0W2J2 Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type  004	02 11 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
DONNA EDWARDS Oppose	President State: MD State:
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	434912.38
(a) SSE TO THE OF THE THE CONTROL EXPONENTIAL CONTROL CONTROL EXPONENTIAL CONTROL CONT	404912.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
24.0	3 01 2016
Signature	